

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

Briefly in your own words, please describe your problem and the assistance you are seeking from the Department. If more space is needed, please attach additional sheets. Attach copies of policies, correspondence and all supportive documentation.

I was told by the agent that by calling over the office policies I had laid. She one listed on the front of the agent, that I would not have to pay any further premiums with all the Dividends etc. They my other policies to cancel the cost of this policy after giving them all the charges applying Etc. when I received the policy it was being advanced premium of \$7200 for 3 years. Then #7200 became \$9000 \$2267 five ones and zeroes. and in to go \$5 when it was to be paid up a premium of \$5000 after I questioned this with the agent I was told that was not what he said and I did discuss this with the agent Standard. This was also done with the assistance of the other agent Thomas identified only as Mr. Present for the original Premium I have been of the recent problems raising hand not going to Sales Repairs and feel that I would be best off with their vehicles. Would like the Department to examine the released papers and take some of what actions I should take in this matter.

PLEASE SIGN AND DATE THE STATEMENT BELOW:

To the best of my knowledge, the information contained herein is correct. I am attaching copies of my policy, papers and other correspondence relative to this problem. I understand that a copy of this form and attachment may be forwarded to the insurance company involved.

SIGNATURE

12/28/03  
Date

PENNSYLVANIA REGIONAL OFFICE  
Room 1321 Strawberry Square  
Harrisburg, PA 17104-0140  
(717) 782-2317

PENNSYLVANIA REGIONAL OFFICE  
Room 304 State Office Bldg.  
300 Liberty Avenue  
Pittsburgh, PA 15222  
(412) 965-2020

PENNSYLVANIA REGIONAL OFFICE  
Room 1701 State Office Bldg.  
1400 Spring Garden Street  
Philadelphia, PA 19102  
(215) 500-2610

PENNSYLVANIA REGIONAL OFFICE  
Room 5130 Baldwin Bldg.  
Post Office Box 6142  
Erie, PA 16521  
(814) 871-4466

MB#401113019

**EXHIBT 17**

300080010661

JAU 04C052

METLIFE CORPORATE INTERNAL AUDITING

REPORT NO. 93-20060

AUGUST 12, 1993

AUDIT OF:  
J15 MONROEVILLE, PA BRANCH  
R&S PITTSBURGH, PA REGION  
MIDEASTERN TERRITORY

METLIFE CONFIDENTIAL

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MLPH 3042281

GA014125

M300800101663

JAU 040054

**ENVIRONMENT**

The J15 Monroeville, PA Branch Office is currently staffed with a branch manager, a branch administrator, eleven account representatives and two support staff members. Branch Manager Michael Bashur has thirty years of service with MetLife and was appointed District Manager in November 1974 and as Branch Manager June 1980. Mr. Bashur was appointed to the Monroeville Branch on January 4, 1993. Branch Administrator Karen Regan has approximately twenty-five years of service with the Company and was appointed branch administrator December 1, 1986.

**OBJECTIVE AND SCOPE**

An audit was completed for the week of July 12, 1993. The primary objective was to determine the branch office is functioning in accordance with established policies and procedures. The scope included a review of branch records and included tests in the following areas.

- o Accounting
- o Income
- o Disbursements/Expenses
- o Underwriting
- o Compensation/Personnel

**OPINION/CONCLUSION**

The system of internal control is generally satisfactory and is sufficiently controlled to prevent serious errors. Management is working effectively to ensure the control environment prevents or detects errors from occurring. There are minor control issues regarding Supervision of Accounting and delays in Policy Delivery. Management concurs with our findings and will take the appropriate action to address the issues. The exceptions are outlined in the Functional Summaries and Recommendations section and detailed on Fact Sheets, if appropriate.

**FUNCTIONAL SUMMARIES AND RECOMMENDATIONS**

- 1) **SUPERVISION OF ACCOUNTING:** - Our review of the audit control log revealed that periodic public window audits were not being conducted on clerical personnel as required. These audits represent an excellent tool to assist management in detecting/deterring fraudulent activity.

**RECOMMENDATION:** A schedule should be prepared by the Branch Office to include audits of clerical personnel every six months.

METLIFE CONFIDENTIAL  
PAGE 1

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MLPH 3042283

GA014127

Field and Mortgage Investment Auditing  
(to be sent only if the irregularity is monetary)

**Statement Regarding Irregularities**  
Instructions

JAU 040056

1. This form is to be completed in quadruplicate. The original is to be forwarded to the Field and Mortgage Investment Auditing Division by the District Sales Manager, together with the report of irregularities. If the irregularity is non-monetary this copy is to be destroyed. The first carbon is to be forwarded to the Regional Office and the second carbon is to be forwarded to the M.P.L. Service Office to which your district reports.\* The third carbon is to be retained in the District Office files.
2. Part A is to be used by the District Sales Manager or Field and Mortgage Investment Auditing Representative to outline the irregularities.
3. Part B is for the Field Representative's use-to afford the representative an opportunity to explain any extenuating circumstances contributing to the conditions outlined in Part A.
4. The District Sales Manager is to prepare a separate letter of comment regarding the irregularities and Field Representative's explanation and send it to the Regional Office with this form.

\*This copy is to be forwarded only if requested by M.P.L. or if a monetary irregularity in connection with P.&L. business is involved.

KEITH ANDERSON  
Field Representative's Name

862-1  
Agency

JISMONROEVILLE, PA 80  
District Name and Number

Refer to Form 4933 Inst. - Section II - District Office Reference Binder

## Part A

## Description of Irregularities

A PHONE INTERVIEW WITH POLICYHOLDER [REDACTED] ESTABLISHED THAT NO CASH TRANSACTION WAS MADE BETWEEN 6-16-93 AND 6-22-93 ON POLICY NUMBER 93 [REDACTED] FOR A \$53.50 RESULTING IN

UPC OF \$53.50

## Part B

## Field Representative's Statement to the Regional Sales Manager

This case was a closure in more timely after it was issued. I made it could be shared within the first 3 months after issue. I evaluated the difference and advised the client to pay that amount. Since I was advised by TAO that an additional amount of \$53.50 was due. Because of other problems with this case I was embarrassed to ask for this additional amount. My reason for doing this, at the time I made to share some account issues, policies, wasn't the agent's fault. Thus, I paid the \$53.50 myself. At the time I did not realize I was breaking any company rules. Since the advisor, Mr. Zeng found this error, I've contacted the insured and they are going to reimburse me. I assure you that I won't make such an error again, in accordance with MetLife.

July 15, 1993  
Date

  
Signature of Field Representative

4933 (11-78) Printed in U.S.A.

Metropolitan Life Insurance Company

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MLPH 3042285

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**REDACTED**

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JAU 040058



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MLPH 3042287

GA014131

M3000800101669

JAU 040060

## FUNCTIONAL SUMMARIES

- WP#12*
- SECT G  
Audit of AR's*
- WP#13*
- 1) Management has not properly supervised account representatives and clerical personnel. This is evidenced by non compliance with Company rules concerning an audit of the Public Window activity every six months and lack of controls over the delivery of new policies. Nine of eleven representatives had thirty-five policies undelivered within 10 days of receipt in the BO.
  - 2) One case of Unpaid Premiums Credited (UPC) was established in Account Representative Anderson's Agency No. 862. No additional irregularities were established. Contact with the policyholder showed confusion involving Company rules thru a change from COM to Annual mode of payment. The AR admitted to embarrassment with the transaction as the cause for his paying the premium and the policyholder has stated she will reimbursement the AR for his outlay. See Form 4933, Statement Regarding Irregularities attached.
  - 3) A review was conducted of AR Singleton's (Agency 824) sales activities after BM Bashur raised concerns of his whereabouts. The review establishes that AR Singleton has submitted "NIL" deposit sheets since the end of his first Quarter of May 16, 1993 and then only on Thursdays in anticipation of his pay check. AR Singleton was interviewed on Friday July 16, 1993 with out additional information being supplied. The BM has sought the advice of the Regional Office concerning termination.

## RECOMMENDATIONS

- 1) Mr. Maurer's letter establishes that Management should review the Report of Undelivered Policies, Form T22500 "to uncover patterns of late deliveries" of new policies.  
In addition, the completion of Annual Audits and audits of the Public Window will help detect accounting irregularities and a tightening of supervision will safe guard Company funds.
- 2) Management has been informed of this transaction and the representative has been cautioned concerning his accounting activities. Our review established that this was an isolated incident and the telephone interview with the insured shows that their was a considerable amount of confusion regarding the change of mode transaction. Management will continue to monitor the AR's transactions which would be appropriate action at this time.
- 3) The BM's action of termination proceedings on advice of the Regional Office would bring this matter to a satisfactory conclusion at this time.

METLIFE CONFIDENTIAL  
PAGE 2

MLPH 3042289

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**MIDWEST AUDITING  
MACRO RISK ANALYSIS FORM**

JAU 040062

LEAD AUDITOR'S EVALUATION OF: J15 MONROEVILLE PIA BD**I. Current Year Audit Findings:**

<input checked="" type="radio"/> 1.	2.	3.	4.	5.
GOOD	AVERAGE			POOR

**II. Condition of Records:**

<input checked="" type="radio"/> 1.	2.	3.	4.	5.
GOOD	AVERAGE			POOR

**III. Quality of Internal Controls:**

<input checked="" type="radio"/> 1.	2.	3.	4.	5.
GOOD	AVERAGE			POOR

**IV. Comfort with Operating Management:**

<input checked="" type="radio"/> 1.	2.	3.	4.	5.
GOOD	AVERAGE			POOR

Specific Areas of Concern For Next Audit: \_\_\_\_\_

N/ALast Audit Date: JANUARY 24, 1991Current Audit Date: JULY 12, 1993Proposed Next Audit Date: 7-12-1998Number of Man Days - Current Audit: 5 Next Audit: 5

Explain Any Large Variance In Man Days: \_\_\_\_\_

NO NE

Additional Comments: \_\_\_\_\_

NONECompleted By: WILLIAM ZURLOCONFIDENTIAL  
PROPRIETARY

Reviewed By: \_\_\_\_\_

MLPH 3042291

GA014135

JAU 040064

M300800101673

LEAD AUDITOR: L. J. BLY

Dated: July 16, 1993

TIME\_ANALYSIS\_REPORT

TOTALS FOR ASSIGNMENT: 5 0

EXPENSE ANALYSIS REPORT

(1)	(2)	(3)	(4)	(5)	(6)	(7)
TOTAL TRAVEL EXP AUDITOR/AMT	NAME OF AUDIT	NO. OF DAYS	TRAVEL EXPENSE PER AUDIT	PERS. SUBSIDIARY ALLOCATION	INVESTMENT OWNERSHIP	INVESTMENT SUBSIDIARY ALLOCATION
			IMLIS		%	\$
			IC 21		%	\$
			IMMC		%	\$
			IMPL		%	\$
			IMBI	1 200P	100%	\$
			IMTL	1 CRB	100%	\$
			IMIAC	1 FRNL	100%	\$
			OTHER	1 HFFC	100%	\$
				1 NEBF	100%	\$

**TOTAL (COL. 1) \$** \_\_\_\_\_

**AVERAGE DAILY EXPENSE \$**

NOTE: PLEASE REFER TO PAGE NO. 2 FOR INSTRUCTIONS.

Rev. (5-88)

MLPH 3042293

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GA014137

M300800101675

METRO MERICAN LIFE JAU 040066  
AND AFFILIATED COMPANIES

Metropolitan Life Insurance Company

To - FIELD ADMINISTRATION

Johnstown, Penn. Head Office

Audit of: JIS MONROEVILLE PA BO Office

Date Started: July 13, 1993

Date Completed: July 16, 1993

The following forms, completed in conjunction with the above audit, are attached:

- Copy of Audit Report. We are conducting separate correspondence with the Regional Sales Office and/or Head Office on the audit findings.
- Form 669
- Safe Combination Change
- Request for Poster(s)

ADDITIONAL COMMENTS:

Martin E. Dugan  
Manager  
Personal Lines Auditing

DATE: July 16, 1993

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16005 (5-88)

MLPH 3042295

GA014139

M300800101679

TAX REC'D  
JAU 040070

Forms 342 reviewed for four months to [redacted] March 1993. No additional cash deposits noted.

Please interview with [redacted]. [redacted] indicates she probably assisted [redacted] from com to done. AR computed sum required incorrectly and did not indicate same to [redacted]. Paid sum. [redacted] acknowledged and stated she would reimburse AR Anderson. See Form 4933, Statement of Disagreements attached.

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MILPH 3042299

REDACTED

GA014143

M300800101683

JAU 040074

## CHECK REGISTER 07 16 93

NAME OF PAYEE	NET PAY	1ST YR COMM	GROSS PAY	PAY TO DATE
<b>MetLife</b>				
ROBERT B PIERCE	1012.72	1021.88	1912.46	51104.19
THOMAS P BIELSKI	689.21	976.23	1429.57	34735.21
KENNETH F KACZMAREK	328.48	427.66	562.15	14143.77
WILLIAM E SINGLETON	330.86	202.10	550.00	11550.00
JOSEPH C KOZUSKO	436.26	501.98	620.58	3638.30
NORMAN W BROZOVICH	527.95	0.00	590.00	1100.00
KEITH W ANDERSON	393.25	356.25	539.97	15164.52
DENNIS L TRAVIS	EFT 423.96	3693.34	800.00	135474.04
PAUL R FORNEY	413.77	346.00	575.00	23031.98
MARTIN GERMANOWSKI	260.47	326.97	391.04	15430.50
DEBORAH A FORNEY	313.06	262.87	396.75	11338.92

\*\* CONFIDENTIAL - PROPERTY OF METROPOLITAN LIFE INSURANCE COMPANY \*\*  
 NOT TO BE COPIED OR USED FOR ANY PURPOSE OTHER THAN METROPOLITAN BUSINESS

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MLPH 3042303

GA014147

N3000800101685

JAU 040076

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MLPH 3042305

GA014149

M300800101687

JAU 040078

7/12/93 - 6/23/94  
1 215.00 \*  
1 215.00 \*  
  
20.00 \*  
351.07 \*  
155.00 \*  
8.28 \*  
670.65 \*  
1 215.00 \*

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MLPH 3042307

GA014151

M300800101689

JAU 040080

## **STATEMENT OF CASH ACCOUNT**

This form is to be completed each month at the time the Manager's Bank Account is reconciled. DURING THE MONTHS OF MARCH, JUNE, SEPT. AND DEC. THIS FORM IS TO BE COMPLETED IN DUPLICATE. Send the original to the appropriate unit in your head office (See chart in Form 3314-A, Manual of Instructions for Clerks, Operational Guide 7-5). Retain the duplicate copy until after the next audit by a Supervisor of Accounts, but do not destroy earlier than one year from completion.

From \_\_\_\_\_ Branch/District \_\_\_\_\_ Date Completed: JULY 12, 1993  
Number \_\_\_\_\_ Name \_\_\_\_\_

1. Are the figures entered on this form exactly as indicated in the various Ledger Accounts, Cash Sheet, and Checkbook?
  2. Are there any dishonored checks pending more than ten days? If so, itemize below.
  3. Are there any items in the Compensation Ledger Account pending over 30 days? If so itemize below.
  4. Are there any open items over two months old? (Exclude Clerk's Shortage.) If so, itemize below.
  5. Are there any Charge and/or Credit Coupons, Forms 3343-C & D, over three months old? (Refer to listing of Open Charge and Credit Coupons.) If so, complete Forms 12484 if not previously submitted and attach to this Form 669. Also, indicate below the number of Charge Coupons outstanding and the total Amount in the "Debit" column and the number of Credit Coupons and the total amount in the "Credit" Column.
  6. Has a trial balance been taken at least once a month, and are adding machine tapes attached to last copy of Form 669?
  7. Are all ledger accounts in balance? If not, explain below.
  8. Has the Manager's Bank Account been reconciled each month and did it agree with the Manager's Bank Account Ledger?"

**Write  
"Yes" or "No"**

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**Details of Open Items or Out-of-Balance Conditions**

MLPH 3042309

**CONFIDENTIAL  
PROPRIETARY**

Date 7-12-93 Branch Administrator/Office Manager William Zabel SA

**TO BE COMPLETED BY THE BRANCH MANAGER/DISTRICT SALES MANAGER**

I have reviewed with the Branch Administrator Office Manager the Details of Open Items or Out-of-Balance Conditions listed above and verified that the necessary action has been taken for the prompt disposition of the items. Also, I have notified the Manager Personal Insurance Auditing, where the Manager's Bank Account has not been reconciled and/or out-of-balance for two consecutive months.

Date \_\_\_\_\_ - Owner Manager - General Manager  
669-3-87 Printed in USA

GA014153

МЭ00800101691

JAU-040082

## **STATEMENT OF CASH ACCOUNT**

This form is to be completed each month at the time the Manager's Bank Account is reconciled. DURING THE MONTHS OF MARCH, JUNE, SEPT. AND DEC. THIS FORM IS TO BE COMPLETED IN DUPLICATE. Send the original to the appropriate unit in your head office (See chart in Form 3314-A, Manual of Instructions for Clerks, Operational Guide 7-5). Retain the duplicate copy until after the next audit by a Supervisor of Accounts, but do not destroy earlier than one year from completion.

Front

Branch/District J 15 MONROEVILLE PA BO

Date Completed July 12, 1993

Debit	Credit
Advance by Company for Bank Account .....	121500
Compensation .....	2000
Dishonored Checks .....	
Errors - Field Rep. Sales Office Deposit Items .....	
Refund Expense .....	
Postage Expense .....	
Cooperative Advertising .....	
Total	121500
SUNDAY EXPENSE	67065
Total	21500

1. Are the figures entered on this form exactly as indicated in the various Ledger Accounts, Cash Sheet, and Checkbook?
  2. Are there any dishonored checks pending more than ten days? If so, itemize below.
  3. Are there any items in the Compensation Ledger Account pending over 30 days? If so itemize below.
  4. Are there any open items over two months old? (Exclude Clerk's Shortage.) If so, itemize below.
  5. Are there any Charge and/or Credit Coupons, Forms 3343-C & D, over three months old? (Refer to listing of Open Charge and Credit Coupons). If so, complete Forms 12484 if not previously submitted and attach to this Form 669. Also, indicate below the number of Charge Coupons outstanding and the total Amount in the "Debit" column and the number of Credit Coupons and the total amount in the "Credit" Column.
  6. Has a trial balance been taken at least once a month, and are adding machine tapes attached to last copy of Form 669?
  7. Are all ledger accounts in balance? If not, explain below.
  8. Has the Manager's Bank Account been reconciled each month and did it agree with the Manager's Bank Account Ledger?

Write  
"Yes" or "No"

**Details of Open Items or Out-of-Balance Conditions**

MLPH 3042311

~~CONFIDENTIAL  
PROPRIETARY~~

2017-12-13

#### **Branch Administrator/Office Manager**

Williams Fund SA

**TO BE COMPLETED BY THE BRANCH MANAGER/DISTRICT SALES MANAGER**

I have reviewed with the Branch Administrator/Office Manager the "Details of Open Items or Out-of-Balance Conditions" listed above and verified that the necessary action has been taken for the prompt disposition of the items. Also, I have notified the Manager Personel Insurance Auditing, where the Manager's Bank Account has not been reconciled and/or out-of-balance for two consecutive months.

Date \_\_\_\_\_ Branch Manager/Division Controller \_\_\_\_\_  
869 (3-87) Printed in U.S.A.

GA014155.

M300800101693

~~5 National~~ 45-404 E-7 Sub  
45-704 C-1 Sub  
U.S. GPO - 562

JLF MONROEVILLE PA BO  
RE: IN OF FORMS 342  
AUDIT AS OF JULY 12, 1993

"d 11/12/93  
JAU 040096

AGENCY REPRESENTATIVES No.	JUNE 28 JUNE 29		COMMENT
	TO JULY 2	TO JUNE 25	
172-3 PIERCE, ROBERT	✓	✓	
280-3 BIELSKI, Tom	✓	✓	
381-2 KACZMAREK, KEN	✓	✓	
482-1 SCHRAEDER, JEFF	DISABILITY	DIS	
582-1 SINGLETTON, WM	✓	✓	
623-1 KOZINSICH, JOE	✓	✓	
782-1 ANDERSON, KEITH ADM	VAC.	✓	
870-1 TRAVIS, DENNIS	✓	✓	
872-3 FORNEY, Paul	✓	✓	10.28- N.I. NO BUSINESS 6.22 CASE SENT WITH #870
881-2 GERMANOWSKI, MARTIN	✓	✓	
888-3 FORNEY, DEBBIE	✓	✓	6.28 N.I. NO BUSINESS
890-1 BROZOVICH, NORM	O	✓	
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25 MISC			
26 IRS 10.1K CASH DEPOSITS			NONE
27			
28 STP PROCEDURES	Q BREAKS		OK
29			
30 NO SUMMARY REVIEW DATES: 7.6.93 TO 6.1.93			OK
31			
32 OBJECTIVE/SCOPE: TO REVIEW FORMS 342 COMPLETED BY OFFICE PERSONNEL FOR PROPER RECEIPT & ACCOUNTING OF CO. FUNDS			
33			
34 CONCLUSION: RESULTS OF REVIEW IN CONSEQUENTIAL, NO AUDIT COMMENT.			CONFIDENTIAL PROPRIETARY
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MECHANIZED SUSPENSE INQUIRY SYSTEM

PRINT OPTION	HEAD OFFICE	SUSPENSE FILE	SELECTION CRITERIA	STATUS DATE1	DATE2
	CRCPN	DST/COR/OTH - J15	U		
		NAME-			
		AMT -			
		CASE -			
Y-YES	SE	820	DST - DISTRICT	U -UNRESOLVED	
	CE	072	COR - CORRESPONDENT	D -DELETED	
	NE	072ADJ	OTH - SPECIAL LOOKUPS	I -ISSUED	
	GL	342ADJ	NAME- NAME/820,072-PN	? -STATUS HELP INFO	
	NB	SRLICF	AMT - AMOUNT		
	NC	CHGCPN	CASE- CASE NUMBER		
	21	CRCPN	? - GENERAL HELP INFO		
	E	HKERR			
	W	NGCK			
	WN	SP			
	A	190A			

TERMINATE : PF1=CLEAR ALL SELECTIONS  
051: NO SUSPENSE RECORDS FOR SELECTION

10=PRT-SCREEN 11=SIGN-OFF

CONFIDENTIAL  
PROPRIETARY

MLPH 3042317



-1-4

GA014159

M300800101697

JIS MONROEVILLE PA B/O w3 7/12/93  
LES OF CANCELLED CHECKS TO MGRS B/A  
Audit As Of July 12, 1993 JAU 040090

DATE OF CHECKS	PAYEE	AMOUNT	PURPOSE
5-26-93	MET LIFE SECURITIES	7000	Financial Planning Supplies #500
6-2-93	VERNON PUBLISHING INC	16700	Fir. NEED Book Learning Program
6-8	MET LIFE	10000	Ann Depy Pay
6-8	MET LIFE	20000	" "
6-15	LUMEN SYSTEMS	25000	Sonic Waite
6-22	UNITED WAY	10500	Charitable Contribution
6-25	"	25000	Palmyra Lake Rep. Due to Min. Dep. On Mutuals
7-3-3	MET LIFE - RETIRE PRO	7500	Summers Enrollment
7-5-3	OFFICE DEPOT	2158	OFFICE Supplies
7-5-8	OFFICE DEPOT	20512	OFFICE Supplies
11			
12			
13			
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23			
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25			
26	OBJECTIVE /SCOPE: REVIEW ALL CHECKS FROM MGRS B/A IN		
27	3 MO. PERIOD PREVIOUS TO AUDIT DATE (APA MAY + JUNE)		
28	TO DETERMINE THAT ALL DISBURSEMENTS WERE		
29	AUTHORIZED.		
30			
31	CONCLUSION: ALL CHECK TRANSACTIONS WERE VERIFIED. NO AUDIT		
32	COMMENT.		
33			
34			
35			

CONFIDENTIAL  
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MLPH 3042319

wpa5

GA014161

M300800101699

~~AMERICAN~~ 45-804 E-1-EAW  
45-704 ZL L-B  
WAC USA  
JLF MONROEVILLE PA 60  
VERIFICATION OF CWS/FIP/RWB  
AUDIT AS OF July 12, 1993

W3 7/14/93

JAU 040092

P-1

AGY INFO	INSURED SUB INFORMATION	OLD Policy No.	CHECK INFO	New Policy INFO	
				1	2
172	[REDACTED]	[REDACTED] 87- [REDACTED] 11	150000 93	5.13.93	
2	[REDACTED]		7-8	A 1200.00	
3	[REDACTED]	(AM) 7/4/93			
4					
5					
6	815	82- [REDACTED] M L	107899 93	5.28.93	
7			IFT 1.30 150K WL A 232.30		
8					
9					
10					
11	172	92- [REDACTED] A L	120000 93	2.22.93	
12			IFT 6.9 45789 94L A 1200.00		
13			FULLY FEDERAL 10K		
14			NO USE OF L FOR 1.2K		
15					
16	803	83- [REDACTED] B C	53312 93	5.28.93	
17			5.28 45K L 98 A 786.45		
18					
19					
20					
21					
22					
23					
24					
25	NOTES:				
26	1) REVIEW DATES 7-9-93 TO 4-9-93				
27	2) IFT - INTERNAL FUND TRANSFER				
28	3) METLIFE - INT. FUND TRANSFER				
29	4) (AM) - ANSWERING MACHINE				
30					
31	OBJECTIVE/SCOPE: TO REVIEW CONSOLIDATED WARRANT SYSTEM (CWS)				
32	FOR FINANCED BY INFORCE POLICIES (FIP) TO NEW ISSUE				
33	AND POSSIBLE CIRCUMVENTION OF REGULATED BUSINESS				
34	RULE (RWB). REVIEW OF LAST 3 MO. ACTIVITY TO 4-22				
35					
36	CONCLUSION: ALTHOUGH FOUR AR'S WERE OVER 15%, A GRADUAL IMPROVEMENT				
37	HAS BEEN NOTED SINCE DEC 1992 REPORTING (BM NEW TO THIS BD				
38	12-92). NO CONTROL PROBLEMS. NO AUDIT COMMENT				
39					
40	NOTE: IFT - INTERNAL				

MLPH 3042321

WPF 7

GA014163

REDACTED

M300800101681

JAU 040072

INDIVIDUAL RECOGNITION AND AIC DATA  
FOR MONTH ENDING JUNE 1993

HEAD OFF. E MIDEASTERN H.O.  
REGION R82 PITTSBURGH PA REG  
OFFICE J15 MONROEVILLE BR PA

PAGE 001

AGENCY INDEX	NAME	TITLE	STAT	DATE	NPC'S	FYLR	MAR		COMP PLAN
							PERSIST	RATE / TYPE	
V172-3	PIERCE ROBERT B	S.REP	ACT	07/13/64	30,017	0.6	98.0	A	Y
V803-3	BIELSKI THOMAS	S.REP	ACT	11/02/64	23,366	5.4	95.3	A	YY
V815-2	KACZMAREK KENNE	S.REP	ACT	08/03/65	10,786	21.5	94.5	A	Y
V821-1	SCHRAEDER JEFFR	S.REP	T.DIS	10/05/92	3,853	0.0	0.0	P	L
V824-1	SINGLETON WILLI	S.REP	ACT	02/22/93	4,169	0.0	100.0	P	L
V830-1	KOZUSKO JOSEPH	S.REP	ACT	03/15/93	6,193	0.0	100.0	P	W
V850-1	BROZOVICH NORMA	S.REP	ACT	05/03/93	2,037	0.0	0.0		W
V862-1	ANDERSON KEITH	S.REP	ACT	10/17/88	10,933	9.6	92.4	A	Y
V870-1	TRAVIS DENNIS L	S.REP	ACT	06/24/91	102,657	1.5	94.9	P	L
V872-3	FORNEY PAUL R	S.REP	ACT	06/10/91	12,808	12.4	89.1	P	L
V881-2	GERMANOWSKI MAR	S.REP	ACT	08/14/89	14,066	4.7	93.6	A	Y

CONTINUED...

HAT

LES OFFICE DOES NOT EXIST. TYPE IN ANOTHER SALES OFFICE.

\* - HIGHLIGHTED REPS ARE ELIGIBLE FOR REDUCED PRODUCTION REQUIREMENTS  
PF1: MENU PF2: PAGE FORWARD PF6: HELP PF12: PRINTCONFIDENTIAL  
PROPRIETARY

MLPH 3042301

GA014145

M300800101701

FEDERAL  
45-604 E-1 E&P  
45-704 C-1 C&P  
Trade - USA

JIS MONROEVILLE PA BO

ANALYSIS OF FIP RATES

AUDIT AS OF JULY 12, 1993

3/7/14/93

JAU 040094

ACY NO.	REPRESENTATIVES NAME	DECEMBER 1992	FEBRUARY 1993	MARCH 1993
		100% / MDT / Mo	100% / MDT / Mo	100% / MDT / Mo
1. 172-3	PIERCE, ROBERT	54/11/21	49/12/25	44/11/25
2. 803-3	BIELSKI, THOMAS	56/9/18	46/7/15	39
3. 815-2	KACZMAREK, KENNETH	54/13/24	61/13/21	60/11/18
4. 872-3	FORNEY, PAUL	0	14/4/27	13/4/27
5.				
6.				
7.				
8.				
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## NOTES:

1) AR'S LISTED WHO HAVE MATCH RATES ABOVE THE AVERAGE  
OF 15%

2) ALL FIGURES ROUNDED UP

3) " — " MATCH RATE BELOW 15%

4) ACY 870-1 AR DENNIS TRAVIS MATCH RATE HAS  
REMOVED AT OR BELOW 15%. THIS IS THE LARGEST  
PRODUCER IN THE OFFICE WHO HAS PLACED 85% TO  
DATE.5) THE NEW BRANCH MANAGER (1-93 TO MONROEVILLE BO)  
HOWEVER 29 YRS SERV METLIFE HAS WRITTEN VERY  
COMPREHENSIVE LETTER TO AR'S IN ORDER TO CONTROL  
MATCH RATES.

6) ANALYSIS	MATCH RATE - ROUNDED
4 AR'S	0%
1 AR	2
1 AR	3
2 AR'S	12%

MLPH 3042323

CONFIDENTIAL  
PROPRIETARY

7) Condition Has Improved Since 12-92

WP #7-2

GA014165

3 7/13/93

JAU 040096

COMPLETE AND RETURN TO P.L. MARKETING, LIFE PRODUCT MANAGEMENT

DOROTHY MACHIA N.Y.H.O. (S-F).

JIB - O MONROEVILLE HN., PA

REGIONAL SALES OFFICE

TER

G

## FURNITURE AND FIXTURES - INVENTORY

ITEM NO	DESCRIPTION OF ITEM	YEAR OF ACQ	COST	QUANTITY	TOTAL COST
111	DESK - HON.	83	435	435	435
111	TABLE END - HON.	83	78	78	78
111	MARSHALL	83	192	192	192
111	BUREAU - HON.	83	278	278	278
222	DESKS - S/R	83	312	312	4056
222	FILE LATERAL - 2 DRAW.	83	310	310	3720
222	CHAIR SIDE W/ARMS	83	175	175	2100
222	CHAIR SIDE W/ARMS	83	105	105	1385
323	DESK - 4 SEC.	83	968	968	968
323	FILE - 8 DRAW. LEGAL	83	204	204	1020
323	CHAIR SWIVEL BLACK	83	124	124	372
323	FILE S OPEN LEGAL 14"	83	210	210	420
323	SUPPL CABINETS	83	278	278	550
323	SCALE POSTAGE - PITNEY BOWES	83	223	223	1115
323	STORAGE CABINET	83	728	728	5200
777	VACUUM RACK	83	100	100	100
777	POSTAGE METER	83	185	185	185
777	CREDENZAS	83	461	461	1844
777	OATMEAL PANELS	83	115	115	115
777	SUPPORT PANEL	83	165	165	380
828	TABLE CONFERENCE	83	78	78	78
828	CHAIR CONFERENCE ROOM	83	673	673	673
828	CHAIR LOOMY	83	175	175	1225
201	TABLE - CONTEMPORARY - 60x30	83	87	87	348
222	KWIK FILES (LIGHTENING FILES)	83	175	175	175
323	TABLE CRTS	84	179	179	358
323	TYPEWRITER ROYAL ELECTRIC	84	128	128	364
323	ADDED MACHINE BARBERS	84	862	862	812
323	TYPEWRITER-SERIALIC	84	100	100	100
777	CLOCK	84	785	785	785
777	ELECT-U-PLANNER (SCREEN, CHAIR ETC)	84	488	488	488
828	CAMERA PANASONIC, ALBORITA	84	715	715	715
828	TRIPPO, SAMFORD, MO DAVIS	84	85	85	85
828	POWER SUPPLY, AZTEC	84	45	45	45
828	PROJECTOR KODAK, ALTAIR	84	215	215	215

LSC/HB-BK 3 Sales Representative Checks #1  
BROTHERS ELECT. TYPEWRITER

CONFIDENTIAL PROPRIETARY

MLPH 3042325  
GA014167

WF# 9



M300800101707

~~Ex-National~~45-604 G-1 Exempt  
45-704 G-1 Exempt  
1992 USAJLS MONROEVILLE PA Bn  
REV. W OF Policy DELIVERY CONTROL  
AUDIT AS OF JULY 12 1993

W3 7/13/93

JAU 040100

AGY REPRESENTATIVES NAME	UNDELIVERED 1993	No.	COMMENTS			
			1	2	3	4
1 172-3 PIERCE, ROBERT	1	1				1
2 803-3 BIELSKI, THOMAS	0	2				2
3 815-2 KACZMAREK, KEN.	3	3				3
4 821-1 SCHRAEDER, JEFF	0	4	DISAGREEMENT			4
5 824-1 SINGLETON, W.C.	3	5				5
6 830-1 KOBUSHA, JOSEPH	0	6				6
7 832-1 ANDERSON, KEITH	3	7				7
8 870-1 TRAVIS, DENNIS	10	8				8
9 872-3 FORNEY, PAUL	1	9				9
10 881-2 GERMANOWSKI, M.	4	10				10
11 888-3 FORNEY, DEBBIE	8	11				11
12 850-1 BROZOVICH, NORM	2	12				12
13						13
14 TOTAL	<u>35</u>					14
15						15
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25						25
26 OBJECTIVE/SCOPE: TO VERIFY CONTROL OVER DELIVERY OF NEW						26
27 POLICIES BY ACCOUNT REPRESENTATIVES AND COMPLIANCE						27
28 OF CO. REGULATIONS IN THAT POLICIES DELIVERED WITHIN						28
29 10 DAYS OF RECEIPT.						29
30						30
31 CONCLUSION: AUDIT COMMENT: GENERALLY AR'S NOT DELIVERING						31
32 POLICIES WITHIN 10 DAYS OF RECEIPT IN B.O.						32
33						33
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M3008000101709

JAU 040102

## -----LICENSE INFORMATION-----

S.O. : J15 AGENCY: 803 INDEX: 3 NAME: BIELSKI THOMAS P MSI: 120991  
 TITLE: SR. ACCT, EXECUTIVE STATUS: A ACTIVE CRD: 0000021200  
 SSN: [REDACTED] CSD: 10/26/64 DOB: [REDACTED] ANN: A AOU:  
 SPOS.: [REDACTED] NASD: 062673 SER 6: SER 7: 1  
 ADDR.: [REDACTED] SER22: SER63: 1  
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO.	PAY	TYPE	LIC. NO.	DEL
38-PA		1-MLI	112164				O	R	0181130		
38-PA		7-ANNU	092273				O	R	0181130		
38-PA		8-MPC	073079				O	R	0261760		
38-PA		9-MIAC	101179				O	R	0181130		
38-PA		B-MGIC	091382				O	R			
38-PA		C-MCIC	091362				O	R			
38-PA		D-MTWL	123083				O	R	0181130		
38-PA		F-MSI	120991				O	R			
23-MN		F-MSI	072892				O	N			

- - - PAGE: 01 - - - TOTAL PAGE: 01 CURRENT ID  
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.  
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

CONFIDENTIAL  
PROPRIETARY

MLPH 3042331



REDACTED

GA014173

M30080010171

JAU 040104

-----LICENSE INFORMATION-----  
 S.O. : J15 AGENCY: 870 INDEX: 1 NAME: TRAVIS DENNIS L MSI: 010892  
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE CRD: 0002166209  
 SSN. : [REDACTED] CSD: 04/08/91 DOB: [REDACTED] ANN: A ADU:  
 SPOS.: [REDACTED] NASD: 120291 SER 6: 1 SER 7:  
 ADDR.: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED] SER22: SER63: 1  
 CITY : [REDACTED]  
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO.	PAY TYPE	LIC. NO.	DEL
38-PA		G-ADV	010893				O	R		
35-OH		G-ADV	020193				O	N		
35-OH		1-MLI	021793				O	N	SSW	
35-OH		7-ANNU	021793				O	N	SSW	
04-CA		F-MSI	030293				O	N		
48-WV		F-MSI	030293				O	N		

- - - PAGE: 02 - - - TOTAL PAGE: 02 CURRENT ID  
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.  
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

CONFIDENTIAL  
PROPRIETARY

MLPH 3042333



REDACTED

GA014175

M300800101713

JAU 040106

## -----LICENSE INFORMATION-----

S.O. : J15 AGENCY: 821 INDEX: 1 NAME: SCHRAEDER JEFFREY MSI:  
 TITLE: ACCT. REPRESENTATIVE STATUS: E TEMPORARY DIS. 2-27WKS CRD: 0002327694  
 SSN: [REDACTED] CSD: 09/14/92 DOB: [REDACTED] ANN: A ADU:  
 SPOS: [REDACTED] NASD: 041993 SER 6: 1 SER 7:  
 ADDR: [REDACTED] SER22: SER63:  
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO.	PAY TYPE	LIC. NO.	DEL
38-PA		1-MLI	091492				O R		4381584	

- - - PAGE: 01 - - - TOTAL PAGE: 01 CURRENT ID  
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.  
 PF6: HELP PF7: EMP INFO PF9: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

CONFIDENTIAL  
PROPRIETARY

MLPH 3042335

REDACTED

GA014177

M30080010115

JAU 040108

## -----LICENSE INFORMATION-----

S.O. : J15 AGENCY: 930 INDEX: 1 NAME: KOZUSKO JOSEPH C  
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE  
 SSN: [REDACTED] CSD: 02/15/93 DOB: [REDACTED] ANN: A  
 SPOS: [REDACTED] NASD: [REDACTED]  
 ADDR: [REDACTED] SER 6: SER 7:  
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
 NOTES: SER22: SER63:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO.	PAY TYPE	LIC. NO.	DEL
38-PA		4-TEMP	021893				O R	LAH		
38-PA		4-TEMP	021893				O R	MIAC		
38-PA		2-MLL	021893				O R	4414078		
38-PA		9-MIAC	021893				O R	4414078		

- - - PAGE: 01 - - - TOTAL PAGE: 01 CURRENT ID  
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.  
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

CONFIDENTIAL  
PROPRIETARY

MLPH 3042337



REDACTED

GA014179

M300800101717

JAU 040110

## -----LICENSE INFORMATION-----

S.O. : J1S AGENCY: 888 INDEX: 3 NAME: FORNEY DEBORAH A MSI:  
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE CRD:  
 SSN: [REDACTED] CSD: 06/15/92 DOB: [REDACTED] ANN: A ADU:  
 SPOS: [REDACTED] NASD: SER 6: SER 7:  
 ADDR: [REDACTED]  
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED] SER22: SER63:  
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO.	PAY TYPE	LIC. NO.	DEL
36-PA		1-MLI	061892					O R	4227227	
36-PA		9-MIAC	061892					O R	4227227	

- - - PAGE: 01 - - - TOTAL PAGE: 01 CURRENT ID  
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.  
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

CONFIDENTIAL  
PROPRIETARY

MLPH 3042339

REDACTED

GA014181

M300800101719

JAU 040112

## -----LICENSE INFORMATION-----

S.O. : J15 AGENCY: 015 INDEX: 2 NAME: KACZMAREK KENNETH F MSI: 060892  
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE CRD: 0000262913  
 SSN. : [REDACTED] CSD: 07/27/65 DOB: [REDACTED] ANN: A ADU:  
 SPOS.: [REDACTED] NASD: 010174 SER 6: SER 7: 1  
 ADDR.: [REDACTED]  
 CITY : [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO.	PAY TYPE	LIC. NO.	DEL
46-VA		1-MLI	041592				O N			
38-PA		F-MSI	060892				O R			

- - - PAGE: 02 - - - TOTAL PAGE: 02 CURRENT ID  
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.  
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

CONFIDENTIAL  
PROPRIETARY

MLPH 3042341

REDACTED

GA014183

M330088000101721

JAU 040114

## -----LICENSE INFORMATION-----

S.O. : J15 AGENCY: 862 INDEX: 1 NAME: ANDERSON KEITH W MSI: 083090  
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE CRD: 0002030260  
 SSN: [REDACTED] CSD: 10/03/88 DOB: [REDACTED] ANN: A ADU:  
 SPOS: [REDACTED] NASD: 031590 SER 6: 1 SER 7:  
 ADDR: [REDACTED] SER22: SER63: 1  
 CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO.	PAY	TYPE	LIC. NO.	DEL
38-PA		2-MLL	101788				O	R	7522030		
38-PA		9-MIAC	101788				O	R			
38-PA		7-ANNU	060790				O	R			
38-PA		D-MTWL	050290				O	R			
38-PA		F-MSI	083090				O	R			

--- PAGE: 01 --- TOTAL PAGE: 01 CURRENT ID  
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.  
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

CONFIDENTIAL  
PROPRIETARY

MLPH 3042343

*REDACTED*

GA014185

M300800101723

JAU 040116

CONFIDENTIAL  
PROPRIETARY

MLPH 3042345

GA014187